

ATP/VR REFERRAL FORM

April 2014

☛ Forms will be returned if all the information is not completed.

ATP/VR Referral Form on VRIS is fillable, do not submit handwritten information.

★ Email ATP/VR Referral Form as an attachment to atp.referrals@nebraska.gov or fax the form to ATP (402) 595-1923

Date	Home Phone
Name	Cell
Address	E-mail
City/State/Zip	Date of birth
Disability	Age
	Contact (if other than consumer)
	Name
	Home Phone
	Cell
	Employment start date _____
	School start date _____
*Required *IPE <input type="checkbox"/> Yes <input type="checkbox"/> No *High School Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for referral	

★ The following information is required in order to identify comparable benefits or supplemental funding.

Income <input type="checkbox"/> VR Shared Cost \$ <input type="checkbox"/> SSI Monthly Amount \$ <input type="checkbox"/> SSDI Monthly Amount \$ <input type="checkbox"/> Wages Monthly Amount \$ <input type="checkbox"/> Other Monthly Income Amount \$ <input type="checkbox"/> No Income	Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance	Residential Status <input type="checkbox"/> Renter <input type="checkbox"/> Homeowner <input type="checkbox"/> Other <i>Please explain</i>
---	---	--

Referred by	Office Associate
Office	Phone
Phone	E-mail
E-mail	

Complete this section ONLY for priority cases requiring immediate action. 1. AND 2. MUST BE COMPLETED.

1. Check all that apply: ☐ High risk of losing job ☐ High risk of failing classes

☐ Other _____

2. EXPLANATION OF #1 ABOVE REQUIRED: